

WATER SERVICE QUESTIONNAIRE

Service Installation Agreement with: ☐ Owner ☐ Applicant Date: _____

Service Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone No.: _____ Applicant's Fax No.: _____

Owner's Name: _____ ☐ Same as above

Address to be served: _____ ☐ Same as above

Owner's Phone No.: _____ Owner's Fax No.: _____

Use of lot: ☐ Single-family Residential ☐ Multi-family ☐ Commercial

Size of Service Requested: ☐ Unknown ☐ 3/4" ☐ 1" ☐ 1.5" ☐ 2" ☐ 3" ☐ 4" or larger

Size of Consumer Pipe: ☐ Unknown ☐ 3/4" ☐ 1" ☐ 1.5" ☐ 2" ☐ 3" ☐ 4" or larger

Estimated length of pipe from the water meter to the building: _____ feet

Building will have _____ stories

Building size is _____ square feet

Is there a well on the property? ☐ Yes ☐ No Any reclaimed/recycled water? ☐ Yes ☐ No

Will consumer use a pump to boost the pressure? ☐ Yes ☐ No

Will there be any landscape irrigation off this service? ☐ Yes ☐ No

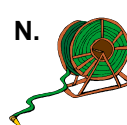
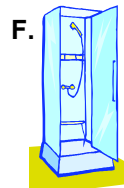
If yes, Number of sprinkler heads: _____ Flow (in gpm) each: _____

Maximum number of sprinkler heads used at any one time: _____

Will sprinklers be operated: ☐ On a time clock? ☐ Manually? ☐ Off peak hours? ☐ During the day?

Complete the *quantity* of the following:

- A. Toilet - flush valve type _____
- B. Toilet - tank type _____
- C. Bidet _____
- D. Bathtub/shower combo _____
- E. Bathtub only _____
- F. Shower only _____
- G. Urinal _____
- H. Bathroom sink _____
- I. Clothes Washer _____
- J. Laundry tub _____
- K. Kitchen sink _____
- L. Dishwasher _____
- M. Bar sink _____
- N. Hose Bibb _____
- O. Misc. (describe) _____
- P. Misc. _____



Fire Department requirements (check one) -

☐ None ☐ Sprinkle whole house ☐ Sprinkle garage only

Briefly Describe Project: _____

Applicant's/Owner's Signature: _____